

Department of Public Health and
Human Services (DPHHS)

1. Health Insurance Portability and Accountability Act ("HIPAA") Privacy Policy

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a) Date:
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Revised Date:

Policy Title:	B. Criteria for Compliant Authorization to Release Protected Health Information		
Policy Number:	010	Version:	1.0
Approved By:			
Date Approved:			

Purpose:

This policy addresses the criteria that makes an Authorization for Release of Protected Health Information ("Authorization") valid for both HIPAA and State and Federal Law/Regulations (42 C.F.R., Part2).

Policy:

Uses and disclosures of Protected Health Information ("PHI") that require an authorization must not be made unless the Authorization is complete and valid.

Required elements of a valid Authorization are:

A description of the PHI to be used or disclosed, that identifies the information in a specific and meaningful fashion;

The name or other specific information about the person(s), classification of persons, or entity (such as DPHHS specified program) authorized to make the specific use or disclosure;

The name or other specific identification of the person(s), classification of persons, or entity to whom DPHHS may make the requested use or disclosure;

A description of each purpose of the requested use or disclosure authorization. If the patient does not wish to define a purpose, the description may read, "As requested by the patient".

Criteria for Complaint Authorization to Release Protected Health Information

An expiration date, or an expiration event that relates to the patient or to the purpose of the use or disclosure. If a date is not included, the Authorization expires in six (6) months. No expiration event or date can be listed that is greater than thirty (30) months;

Signature of the patient, or of the patient's Personal Representative, and the date of the signature; and

If the patient's Personal Representative signs the Authorization form instead of the patient, a description or explanation of the representative's authority to act for the patient, including a copy of the legal court document (if any) appointing the Personal Representative, must also be provided.

Prior to any disclosures permitted, DPHHS must verify the identity of the person requesting a patient's information and the authority of that person to have access to the information.

DPHHS must provide the patient with a copy of the signed Authorization form.

DPHHS must document and retain each signed Authorization form for a minimum of six years and three months.

Uses and disclosures must be consistent with what the patient has authorized on the signed Authorization form. Under any such authorization, DPHHS will disclose only the minimum amount of information necessary to fulfill the purpose for which the information is requested.

An authorization must be voluntary. DPHHS may not require the patient to sign an Authorization as a condition of providing treatment; payment, services, and enrollment in a health plan, or eligibility for health plan benefits, except:

Before providing research related treatment, a DPHHS health care provider may condition the patient to sign an Authorization for the use or disclosure of health information for such research;

Before enrolling the patient in a DPHHS health plan, DPHHS can condition the patient to sign an Authorization if needed to help determine the applicant's eligibility for enrollment and the authorization is not for the use or disclosure of psychotherapy notes; and

DPHHS and its contracted health care providers can condition the patient to sign an Authorization before providing health care that is solely for the purpose of creating protected health information for disclosure to a third party. For example, in a juvenile court proceeding, where a parent is required to obtain a psychological evaluation by DPHHS, the evaluator may, as a condition of conducting the evaluation, require the parent to sign an authorization to release the evaluation report (but not the underlying psychotherapy notes) to DPHHS.

An authorization that is required for enrollment in a health plan or to determine eligibility for benefits or the health plan cannot be combined with a voluntary authorization. A required authorization and a voluntary authorization must be separate documents, signed separately.

Patients have a right to restrict the uses and disclosures of information. Such restrictions must be submitted in writing and do not affect disclosures that have already taken place in good faith.

Criteria for Complaint Authorization to Release Protected Health Information

Procedure:

Each authorization that a patient is requested to sign by MCDC staff to release information to an outside person or agency will be completed specific to that patient, and only minimum necessary information to complete the purpose of the release will be sent from this facility.

Each authorization that a patient is requested to sign by MCDC staff to obtain information from an outside person or agency will be completed specific to that patient, and only minimum necessary information will be requested by this facility.

Every authorization for release of information will be copied and the copy will be given to the patient.

It will be the responsibility of MCDC Staff to assure that a completed and signed release is obtained from the patient prior to any information being released from this facility.

The Health Information Department will be the ONLY areas that will mail/fax information from this facility.

Procedure added 3/4/2003 MKH